



# PENNSYLVANIA COURT REPORTERS ASSOCIATION 2017 MEMBERSHIP APPLICATION

Every Reporter – One Voice

## A. CONTACT INFORMATION

Please thoroughly complete the information below. This is the information PCRA will use when contacting you.

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_ Male/Female \_\_\_\_\_ Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Workplace (Name of firm, company, courthouse, etc.): \_\_\_\_\_

Mailing Address (include County): \_\_\_\_\_ Address for Find A Reporter (if different) Website: \_\_\_\_\_  
(include County): \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

➤ For voting purposes, I declare my District to be determined by my \_\_\_\_\_ work address \_\_\_\_\_ home address.  
(Article VI, Section 3 of the Bylaws reads, "Any Court Reporter living in one District and working in another District may be a member of the District of his or her choice. However, the right to vote shall be limited to the one District declared on the current dues renewal form.")

\*E-mail: \_\_\_\_\_ If previous PCRA member, under what name? \_\_\_\_\_

\* A valid e-mail address must be supplied in order to receive communications from PCRA.

## B. MEMBERSHIP CATEGORY (please check one)

- Professional member - \$195.00 Please indicate your primary professional occupation:  
 Official  Freelancer  Captioner  CART Provider
- Associate member - \$70.00. Please indicate the category of associate member to which you belong:  
 Instructor/School Staff Member  Reporting Support Staff Member  Videographer  Vendor
- Student member - \$20.00 → Instructor's Signature (required) \_\_\_\_\_

## C. MEMBERSHIP DIRECTORY

Please check if you **DO NOT** grant permission to publish your contact information in the Find A Reporter member directory at [www.pcra.com](http://www.pcra.com).

## D. CREDENTIALS (Check all that apply.)

- RPR  RMR  RDR  CLVS  CMRS  CRR  CRI  CPE  FAPR  CBC  CCP  
 CSR State(s) \_\_\_\_\_ Other \_\_\_\_\_

## E. VOLUNTEER WITH PCRA (Check all that apply.)

- Please sign up at [www.pcra.com](http://www.pcra.com)  I would like to serve on a committee  I would like to assist with special projects if you would like to mentor a student

Please provide additional information: \_\_\_\_\_

## F. PAYMENT INFORMATION

I would like to contribute \$ \_\_\_\_\_ to the Student Enrichment Fund Total Payment (Dues + Donation): \$ \_\_\_\_\_

- VISA  MC  CHECK ENCLOSED, payable to PCRA

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

Please return this form to:  
PCRA  
43150 Broadlands Center Plaza, Suite 152-269  
Ashburn, VA 20148

[info@pcra.com](mailto:info@pcra.com)  
p: 703-729-4861  
f: 703-935-2266